

# Meeting Minutes-State Interagency Team Meeting

Thursday, October 28, 2021

2:00-3:30

Location: Microsoft Teams

## System of Care Priorities:

1. Utilize the Residential Analysis Report to increase the number of children, youth and families served in community settings by investing in community-based supports and focusing on mobile response efforts in Vermont.
2. Continue supporting funding structures that are coordinated and streamlined to the highest extent possible across AHS departments moving away from fee-for-service funding and toward value-based payments.
3. Support statewide services being streamlined and coordinated during and after the pandemic.

**Present:** Pam McCarthy, Cheryle Wilcox, Diane Bugbee, Beth Sausville, Danielle Bragg, Suzanne Legare Belcher, Laurel Omland, Amy Roth, Keith Williams, Alicia Hanrahan, Sandi Yandow, Kheya Ganguly, Dana Robson, Barb Joyal, Melanie D'Amico

**Regrets:** Karen Price, Adam Poulin

Agenda	Discussion Notes	Next Steps
Reviewing updates from last month any major updates we all need to know about related to our System of Care (e.g. staffing changes, new programming, policy changes, fiscal, workforce challenges and planning, legislative outcomes)	<p><b>DMH:</b></p> <ul style="list-style-type: none"><li>• Pressures in ED with children and adults in crisis.</li><li>• Crisis and hospital diversion programs are still running at 5 days a week due to workforce shortages.</li><li>• Continued workforce crisis at DA/SSA</li><li>• Kiah Palumbo, Children's Care Manager, left two weeks ago and hiring is going on.</li></ul> <p><b>Trauma and Resilience work:</b></p> <ul style="list-style-type: none"><li>• Kheya has been creating training and supporting agency staff across the state</li><li>• Adults and caregivers really need support to keep going</li></ul> <p><b>DVHA:</b></p> <ul style="list-style-type: none"><li>• Still have not filled Commissioner position</li><li>• Related to Emer. Dept. There is a daily MH huddle which includes all ED, DMH, DAIL, DA, Brattleboro retreat to discuss openings, needs, problem-solving</li><li>• Some beds at the Brattleboro Retreat are slowly coming back online</li></ul> <p><b>DAIL:</b></p> <ul style="list-style-type: none"><li>• <b>This is Amy Roth's last meeting with SIT-she is retiring Dec. 17<sup>th</sup> . We will miss you greatly, Amy!!!!</b></li><li>• Jeff Nunemaker is coming on board as the new Asst. Director in November, and he will be joining SIT at our next meeting.</li></ul>	

- Working hard to hire for vacancies—Diane is retiring in January and permission has been given for a double fill, Ed Riddell is leaving to go work at NCSS, still no Director (for Clare's retirement) has been hired.
- Workforce crisis in Developmental Services.
- Looking to get out ARPA funds next month to support recruitment and retention.
- CMS told DAIL recently they need to come into full compliance with Conflict Free Case Management—they have 60 days to provide them with a plan—and then hopefully have 5 years to do full implementation of the plan.
- 3<sup>rd</sup> VCIN bed is operational and up and running.
- Continuing to work on intensive transition supports procedures—this is moving forward even though it has been a slow process to implement.

**CIS:**

- H. 171 calls out creating a new database and doing an Early Childhood systems analysis
- Licensing unit has gotten through backlog of background checks.
- ARPA applications went out last Friday to eligible childcare providers—deadline to apply is Nov. 10<sup>th</sup> for payment to go out by the end of November
- Special Accommodations Grant (SAG) next deadline is 11/8

**FSD:**

- Beth Sausville --Family First Prevention Plan was submitted on Oct. 1<sup>st</sup>—Beth will send to Cheryle and Diane for sharing with this group.
  - Beth highlighted the key components of the plan which is all supported by communication-both internal and external.
  - FSD wants to be sure to collaborate with all partners for this work as we all serve and support children and families.
  - Evidence-based programs will be utilized in this plan—the first two that have been chosen are Motivational Interviewing and PCIT (Parent Child Interactional Therapy)
- **Melanie D'Amico:**
  - 5 programs this month have experienced COVID
  - Foster care system is strapped and trying to accommodate children they wouldn't normally take
  - Depot St. program – some FSD central office staff had to go help at the program to keep it open

	<ul style="list-style-type: none"> <li>• <b>Barb Joyal:</b> <ul style="list-style-type: none"> <li>○ Have been responding to COVID positive in foster homes. When this happens, they have been able to give a small increase in pay to acknowledge them having to stay home and quarantine.</li> </ul> </li> </ul> <p><b>AHS Field Directors</b></p> <ul style="list-style-type: none"> <li>• Continuing to support ESD and community partners to assist Vermonters who are homeless-currently there are 407 children are currently homeless.</li> <li>• Individuals who are providing childcare have identified needing more support for themselves and the children they are caring for. Hearing concerns that they don't have the workforce and experience.</li> </ul> <p><b>Vermont Family Network</b></p> <ul style="list-style-type: none"> <li>• Hearing more from families who can't find specialized childcare and whose children are being kicked out of childcare. VFN met with Let's Grow Kids about how to work more on this issue.</li> <li>• Families are calling VFN when they are struggling with mental health challenges; this isn't completely their purview, but they are stepping up to help any time they can. There is not enough resource to meet the need.</li> </ul> <p><b>VFFCMH:</b></p> <ul style="list-style-type: none"> <li>• CSPs are picking up</li> <li>• The Federation has long been built on peer supports being funded through grants and when grants end, they lose qualified peer support staff.</li> <li>• Peer supports in Vermont are not Medicaid-eligible</li> <li>• Hearing from families who have children struggling in school</li> </ul> <p><b>Agency of Education:</b></p> <ul style="list-style-type: none"> <li>• They are struggling to find staff—teachers and support staff</li> <li>• New 504 guidance document will be published in the next few weeks</li> <li>• Seeing children who can't manage at school and are being referred to residential.</li> </ul>	
<p><b>System of Care Report – Considerations for the next report:</b></p> <ol style="list-style-type: none"> <li>1. Review any data you have provided previously for this report and let us know</li> </ol>	<p><b>Themes to address:</b></p> <ul style="list-style-type: none"> <li>• Workforce Gaps <ol style="list-style-type: none"> <li>a. Increasing workloads due to staff attrition and retirement and poor tech solutions to streamline stressing the system</li> <li>b. Lack of direct supports to families</li> </ol> </li> </ul>	<p>Diane and Cheryle will take this information to the smaller subgroup</p>

<p>if you think it should be included again.</p> <p>2. What are the top 3 priority areas your agency/dept. is focused on related to the children's system of care.</p> <p>3. What is one accomplishment you think the SOC has made this year?</p>	<ul style="list-style-type: none"> <li>c. Ongoing training and support for staff that both helps with staff retention and builds capacity at provider agencies</li> <li>• Family and Provider Stress <ul style="list-style-type: none"> <li>a. Increased anxiety and isolation for kids/families</li> <li>b. Children's stress related to school and covid</li> <li>c. Increase in truancy</li> </ul> </li> <li>• Mobile Crisis <ul style="list-style-type: none"> <li>a. Kids in EDs-mobile crisis-access to supports to decrease crisis intervention needs</li> <li>b. Crisis interventions that don't rely solely on police.</li> <li>c. Increasing Children's Hospitalization options other than solely relying on the Brattleboro Retreat</li> </ul> </li> <li>• Access to Resources/Fundamental Needs <ul style="list-style-type: none"> <li>a. Housing insecurity</li> <li>b. Food Insecurity</li> <li>c. Transportation resources</li> </ul> </li> <li>• Level of Care Gaps <ul style="list-style-type: none"> <li>a. Increased prevention services</li> <li>b. Eating disorder treatment needs to include various levels (e.g. outpatient, inpatient, residential)</li> <li>c. Increasing residential treatment</li> <li>d. Lack of respite</li> <li>e. Quality in home supports</li> </ul> </li> <li>• Education <ul style="list-style-type: none"> <li>a. Lack of comprehensive school programs</li> <li>b. Access to supports and services under IDEA entitlement</li> </ul> </li> <li>• Large system changes-overwhelming in context of COVID and high demands on system <ul style="list-style-type: none"> <li>a. Act 173</li> <li>b. CFCM (Conflict Free Case Management)</li> <li>c. Success Beyond Six</li> <li>d. 9-8-8 implementation and suicide prevention (key areas of focus)</li> </ul> </li> <li>• We have a lot of federal funds that will start to flow, but its one-time and needs sustainability plans</li> <li>• Ongoing issues related to COVID we are still in the pandemic</li> <li>• Peer supports</li> <li>• Increase post-adoption services to support and continue while child is in crisis</li> <li>• Specialized childcare capacity</li> <li>• Family First Act-QRTP—the creation of initial and ongoing standards of care based in trauma informed treatment provisions, training and support</li> </ul>	<p>planning the SOC report</p>
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<b>Wrap Up and Next Steps</b>	<b>Reminder—joint Nov/Dec meeting being held on Dec. 9<sup>th</sup></b>	
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